



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Meaningful Use Stage 2 Proposed Rule Review

March 13 – 15, 2012

IHS Office of Information Technology (OIT)
Albuquerque, New Mexico

&

IHS Office of Information Technology (OIT) &
United South Eastern Tribes (USET)
Nashville, Tennessee

Purpose of “Meaningful Use Stage 2 Proposed Rule Review”

On February 23, 2012, CMS released the Notice of Proposed Rulemaking for Meaningful Use Stage 2. ONC followed suit on February 27, 2012 with the Notice of Proposed Rulemaking for Stage 2 certification. This meeting is designed to bring anyone interested together to discuss and document comments to these NPRMs and send the comments to CMS and ONC.

Background

On February 17, 2009, President Barack H. Obama signed the ARRA into law. ARRA provides incentives to encourage hospitals and office-based physicians to adopt EHRs and other health information technology (HIT) solutions that reduce costs by improving quality, safety, and efficiency. ARRA contains numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones relate to the standards and work of the Healthcare Information Technology Standards Panel.

Health Information Technology for Economic and Clinical Health Act

The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than \$19 billion towards healthcare information technology (IT)-related initiatives. The \$19 billion dedicated to HITECH is divided into two portions: (a) \$17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR; and (b) \$2 billion available to providers located in qualifying rural areas, providers serving underserved urban communities, and providers serving underserved Indian tribes. Meaningful use of an approved EHR is required in order for providers to qualify for, and continue to receive, incentives.

Incentive Payments

ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Incentive payments are triggered when a provider or hospital demonstrates that it has become a “meaningful EHR user.” The highest incentive payments will be granted to hospitals that adopt EHR technology in the years 2011, 2012, or 2013. Reduced incentive payments are granted to hospitals that adopt EHR technology in the years 2014 or 2015, while no incentive payments are granted to hospitals that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

Meaningful Use

Meaningful use is a term used by the Centers for Medicare and Medicaid Services (CMS) to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs (eligible providers) and EHs (eligible hospitals) will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.

Achieving meaningful use will be accomplished in three stages. Stage 1 will begin in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

In order to achieve Meaningful Use, an EP must report on 15 core performance measures and 5 out of 10 menu set performance measures simultaneously. One of the EP’s chosen menu set measures must be a designated Public Health Objective. Eligible hospitals must report on 14 core performance measures and 5 out of 10 menu set performance measures simultaneously. One of the selected menu set performance measures must be a designated Public Health Objective.

For demonstrating Meaningful Use through the Medicare EHR Incentive Program, the reporting period for the first year is any continuous 90-day period. In subsequent years, the EHR reporting period is the entire year. Under the Medicaid program, performance measures and incentive payments may be awarded for merely adopting, implementing or upgrading certified EHR technology. Consequently, there is no Medicaid reporting period for year one – all subsequent reporting periods are a full year.

Meaningful Use Standards and Measures

As required to achieve MU, eligible hospitals and EPs must report their performance on two types of measures:

- Performance Measures
- Clinical Quality Measures

The performance measures aim to improve quality, safety, efficiency and reduce health disparities. There are two types of performance measures: 1) Rate measures are numerically calculated with numerator and denominator data, 2) Attestation measures must be answered with a yes or no question.

Facilitators

Albuquerque (OIT), NM

- Cecelia Rosales, Meaningful Use National Team Lead
- JoAnne Hawkins, Meaningful Use Field Team Lead

Nashville, TN

- CDR Christopher Lamer, PharmD, BCPS, CDE NCPS , Meaningful Use Federal Project Lead
- Cathy Whaley, Meaningful Use Project Manager

Presenters

- Janice Chase, RHIT, ICD-10 Federal Project Lead
- James Garcia, PMP, MPI, HIE, C32 Federal Project Lead
- CAPT (ret) David R. Taylor, MHS, RPh, PA-C, RN, NCPS , EHR Training and Deployment Manager
- Chuck Wiggins, Ph.D., Director and Principal Investigator, NM Tumor Registry
- Christy Duke, MPH, Epidemiologist
- CDR Susan Pierce-Richards, MSN, ARNP, FNP-BC, ANP-BC, EHR Federal Project Lead
- CDR Mary Ann Niesen, PharmD, IHS OIT EHR Pharmacy Consultant
- Vicki French, USET Meaningful Use Coordinator
- CDR Bradley Bishop, PharmD, MPH, IHS OIT Pharmacy Consultant
- CDR Lori Moore, PharmD, OIT Pharmacy Consultant

Detailed Agenda

All times are Mountain (Daylight) Time!

Tuesday, March 13, 2012

Start	Topic	
8:30	Welcome and Introductions All At the end of this session participants should be able to: <ul style="list-style-type: none"> Identify participant needs and expectations (ThinkTank) Review agenda and objectives 	TAB 1
9:00	Meaningful Use Timeline Cathy Whaley & Chris Lamer At the end of this session, participants should be able to: <ul style="list-style-type: none"> Understand timeline for Stage 2 MU 	TAB 2
10:00	Break	
10:15	ICD-10 Overview Janice Chase At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 3
10:45	Review SNOMED (Problem List, Family History, CQM, Care Planning) Susan Richards & Mary Ann Niesen At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 4
11:45	Lunch	
1:00	Review SNOMED (Problem List, Family History, CQM, Care Planning) Susan Richards & Mary Ann Niesen At the end of this session, participants should be able to: Identify comments to send to CMS	TAB 4
2:00	Clinical Quality Measures (CQM) Requirements Chris Lamer At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 5
2:45	Break	
3:00	Measures and datasets in general (CRS, GPRA, etc.) (ICD-10,SNOMED,CPT) Chris Lamer At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 6
	Adjourn	

MU Purpose of “Meaningful Use Stage 2 Proposed Rule Review” Announcement and Agenda

Wednesday, March 14, 2012		
Start	Topic	
8:30	Review Previous Days Topics All	
9:00	Clinical Document Architecture (CDA) James Garcia At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 7
10:00	Break	
10:15	Summary of Care, Exchange of electronic data James Garcia At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 8
11:00	Review Personal Health Record (PHR) Requirements Chris Lamer At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 9
11:45	Lunch	
1:00	Bar Code Medication Administration (BCMA) Overview David Taylor At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 10
1:45	Registries (Cancer, etc.) Chuck Wiggins, Christy Duke At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 11
2:15	Break	
2:30	Clinical Summary (PWH?) Chris Lamer At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 12
3:15	RxNorm & eRx Bradley Bishop, Lori Moore At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 13
3:45	Broadband Exclusions Mary Ann Niesen At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 14
4:15	CMS requested comment on specific measures Vicki French At the end of this session, participants should be able to: <ul style="list-style-type: none"> Identify comments to send to CMS 	TAB 15
	Adjourn	

Thursday, March 15, 2012		
Start	Topic	
8:30	Review Previous Days Topics All	
9:00	Patient Volume/Medicaid Cecelia Rosales At the end of this session, participants should be able to: <ul style="list-style-type: none">• Identify comments to send to CMS	TAB 16
9:30	Review Remaining CMS Rule JoAnne Hawkins At the end of this session, participants should be able to: <ul style="list-style-type: none">• Identify comments to send to CMS	TAB 17
10:00	Break	
10:15	Review of ONC Proposed Rule (areas open for interpretation) Cathy Whaley & Chris Lamer At the end of this session, participants should be able to: <ul style="list-style-type: none">• Identify comments to send to ONC	TAB 18
11:30	Lunch	
1:00	Review of ONC Proposed Rule (Cont'd) (anything hidden in CMS rule?) Cathy Whaley & Chris Lamer At the end of this session, participants should be able to: <ul style="list-style-type: none">• Identify comments to send to ONC	TAB 18
	<ul style="list-style-type: none">• Adjourn	

Biographical Sketches

CDR Christopher Lamer, PharmD, BCPS, CDE NCPS

CDR Christopher Lamer is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 1998. CDR Lamer is a pharmacist and works as a clinical informaticist for the Office of Information Technology and Health Education. CDR Lamer participates in the development of clinical programs, quality metrics, and support of RPMS applications. CDR Lamer is a Management analyst for OIT, Federal lead for PHR, CRS and EHR Certification & Meaningful Use.

CDR Mary Ann Niesen, PharmD IHS OIT EHR Pharmacy Consultant

CDR Mary Ann Niesen is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service full time since 1993. CDR Niesen received her Doctor of Pharmacy from Purdue University in Indiana. She has been assigned to Service Units in the Bemidji, Navajo, Billings, and Aberdeen Areas. CDR Niesen currently serves as one of the ARRA-funded Pharmacy Consultants.

Vicki French, BS USET Meaningful Use Coordinator

Ms. French serves as the Meaningful Use Lead for the National Indian Health Board’s Regional Extension Center project. She is responsible for understanding the requirements of the CMS EHR Incentive Programs, developing training materials and resources, providing training on meaningful use and promoting the Regional Extension Center. Before joining the project, Vicki worked as a Tribal Data Coordinator on USET’s GPRA Pilot Project, focusing on USET’s data quality and collection efforts. Her previous experience includes coordinating projects for nonprofit organizations and managing a federal grant program through a state

CAPT (ret) David R. Taylor, MHS, RPh, PA-C, RN, NCPS EHR Training and Deployment Manager IHS Office of Information Technology

CAPT (ret) David Taylor is a retired Commissioned Officer in the United States Public Health Service and is a certified physician assistant, registered pharmacist, and registered nurse. CAPTain (ret) Taylor holds more than 33 years of public health, clinical, and clinic-administrative experience in the Indian Health Service (IHS). During his commission, he has served as a pharmacist, physician assistant, quality manger, risk manager, and compliance officer for the Pine Ridge, South Dakota and Cherokee, North Carolina Indian Hospitals. He has also served as an HIV/AIDS/STD consultant, performance improvement consultant, pharmacy consultant, and diabetes clinical consultant for the Nashville Area Indian Health Service. At this time, he is the EHR Deployment Manager for the IHS Office of Information Technology and has been charged with both training and deployment of the Electronic Health Record throughout the entire Indian Health Care system. David Taylor has been awarded the PHS Meritorious Service Medal (MSM) in recognition for his accomplishments in the EHR arena.

CDR Susan Pierce-Richards, MSN, ARNP, FNP-BC, ANP-BC

CDR Pierce-Richards is a Commissioned Officer in the United States Public Health Service assigned to the Office of Information Technology as a Clinical Informaticist for EHR, Clinical Reminders and related packages since 2008. She received her BS in 1996 from Johnson State College and MSN in 1999 from MGH Institute of Health Professions. She joined the USPHS in 2004, was assigned to the Yakama Service Unit as a Nurse Practitioner. She then led the EHR Implementation at the Yakama Service Unit and served as its Clinical Applications Coordinator from 2005-2008. She brought several years of nursing experience to IHS including advanced practice experience in the Emergency Department, Pediatrics, Family Practice and Forensics. Nursing is her second career. She entered uniformed service in 1987 in the Vermont Air National Guard, served full time (civil service) as a precision measurement equipment calibration and testing technician for 8 years. She served in Americorps for 2 years during graduate school delivering primary care services to medically underserved communities in southeastern Massachusetts. In addition to full time clinical practice, CDR Pierce-Richards was commissioned as First Lieutenant (O-2) in the Vermont Air National Guard in 1999 and served as Assistant Chief Nurse until her transfer to the USPHS in 2004.

CDR Bradley Bishop, PharmD, MPH

IHS OIT Pharmacy Consultant

CDR Bradley Bishop is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2001. CDR Bishop received his Doctor of Pharmacy from the University of Tennessee College of Pharmacy and Master of Public Health from the University of Massachusetts-Amherst. He has been assigned to Sells, AZ, Tahlequah, OK, and Tucson Area Office as a pharmacist, chief pharmacist, clinical applications coordinator and pharmacy consultant. CDR Bishop currently serves as the National Pharmacy Consultant for IHS Office of Information Technology.

CDR Lori Moore, BS, PharmD

IHS OIT EHR Pharmacy Consultant

CDR Moore began her career as a Commissioned Officer with the United States Public Health Service in 2003 at the Santa Fe Indian Hospital. During this time, she completed an Ambulatory Care Pharmacy Practice Residency which allowed her to gain experience in direct patient care specializing in Chronic Kidney Disease, Hepatitis C, and Anticoagulation management. In 2004, CDR Moore accepted a staff pharmacist position at the Santa Fe Indian Hospital and in 2005 she was appointed acting Clinical Applications Coordinator (CAC) for the Santa Fe Service Unit. Her role as Clinical Applications Coordinator was expanded to include all Albuquerque Area Sites in 2006. CDR Moore transferred to the Albuquerque Service Unit in 2007 where she worked for pharmacy, served as the primary CAC for the service unit and served as the Albuquerque Area Clinical Applications Coordinator. In 2009, she accepted an ARRA Inpatient EHR Pharmacy Consultant position with Office of Information Technology where she continues her endeavor to improve patient care and safety by advancing inpatient pharmacy utilization of the Electronic Health Record.

Cathy Whaley

Meaningful Use Project Manager

Cathy Whaley has 2 Associate of Arts degrees and over 20 years of diversified experience specializing in custom Project Development, Project Engineering, Training and Quality Assurance,

Business Analysis and Project Management. She has worked in both healthcare and government environments. She has solid requirements gathering and analysis experience, with experience working with data, providing analysis, mapping, and reporting on several projects with regards to systems conversions and application development. She has been fully exposed to the Software Development Life Cycle (SDLC). She can utilize strong multi-tasking and organizational skills to effectively balance competing priorities while meeting aggressive deadlines. Cathy Whaley is the Project Manager responsible for working with Indian Country to achieve Meaningful Use.

Cecelia Rosales, Meaningful Use National Team Lead

Cecelia is the Meaningful Use National Team Lead on the Data Networks Corporation IHS Meaningful Use contract. She brings 35 years of training experience for both government and corporate audiences, including 20 years U.S. Naval Medical Administration experience. Her prior work experience includes the U.S. Forest Service, NM Department of Health Immunization Registry and PhDx Systems, Inc. where she helped design and test medical studies and spine curvature calculation software. Cecelia is a retired Navy Hospital Corpsman, has a Bachelor’s of Humanities in Communications from the Pennsylvania State University and works in the Albuquerque office.

JoAnne Hawkins, Meaningful Use Field Team Lead

JoAnne currently serves as a contractor with Data Network Corporation as the Team Lead for 15 Meaningful Use Field Consultants. She has an associate degree and over 13 years of training experience in various industries including healthcare. Her focus is to help Indian Country achieve Meaningful Use.